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CONFIRMATION NO. 8922

Bib Data Sheet

SERIAL NUMBER 10/044,405	FILING DATE 01/11/2002 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 11738.00026
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## APPLICANTS

✓ Paul H. Stypulkowski, North Oaks, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

✓

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

✓

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/11/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	6	23	4
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

27581  
 MEDTRONIC, INC.  
 710 MEDTRONIC PARK  
 MINNEAPOLIS , MN  
 55432-9924

## TITLE

Variation of neural-stimulation parameters

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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